



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 07/02)

## CRIMINAL INFORMATION SUMMARY

TROOP / UNIT: F OTHER INVOLVED AGENCY: ☒ No ☐ Yes, \_\_\_\_\_ Page of \_\_\_\_\_

Date 03/16/04	Time 1500	Investigating Officer Tpr. Lanouette	DPS Case Number DPS-04-012983
Location of Incident (Street Name & City/Town Only): 340 Route 81, Killingworth, Ct			
Summary of Incident or Affidavit: <input checked="" type="checkbox"/> Arrest Made <input type="checkbox"/> Under Investigation			
<p>On 03/10/04, Troop-F in Westbrook received a complaint that a teacher at the Killingworth Elementary school had physically handled two students while attempting to discipline them. My investigation revealed that the teacher allegedly pushed one of the males into a wall several times and allegedly pulled the other male by his shirt collar. The victims were medically evaluated and showed no visible injury. <del>_____</del> An arrest warrant was applied for and granted. The accused turned himself in at Troop-F in Westbrook. Strilbyckij was released on a Promise to Appear and is scheduled to appear in court at GA 9 in Middletown on 03/24/04.</p>			
Victim: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS)			
Juvenile: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Age: 10 and 9 Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Individual Name / Business / Agency: Two Juvenile males a ten year old and a nine year old.			
Victim's Address: (Town/City & State Only)			
Arrested: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS)			
Juvenile(s) Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME: Strilbyckij, Hans Charges 1) Risk of Injury (Two counts) D.O.B.: 04/30/50 2) Breach of Peace ( Two counts) ADDRESS: Cindy Lane North Haven 3) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 4)			
Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ Ambulance: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Bond: <input type="checkbox"/> Surety, \$ _____ <input type="checkbox"/> Cash, \$ _____ <input type="checkbox"/> Non-Surety <input type="checkbox"/> Promise to Appear <input type="checkbox"/> Not Posted <input type="checkbox"/> Transferred to Dept. of Corrections @ _____			
Court: GA# 9 Town: Middletown Court Date: 03/24/04			
NAME: _____ Charges: 1) _____ D.O.B.: _____ 2) _____ ADDRESS: _____ 3) _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 4) _____			
Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ Ambulance: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Bond: <input type="checkbox"/> Surety, \$ _____ <input type="checkbox"/> Cash, \$ _____ <input type="checkbox"/> Non-Surety <input type="checkbox"/> Promise to Appear <input type="checkbox"/> Not Posted <input type="checkbox"/> Transferred to Dept. of Corrections @ _____			
Court: GA# _____ Town: _____ Court Date: _____			

OK 239